| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Sato et al. | | | | | | Docket No. TC00003USW | |
|--|------------------|----------------|---------|--------------|-----|-----------------------|------------------|
| Application No. | Filing Date | Examiner | | Customer I | Vo. | Group Art Unit | Confirmation No. |
| 10/564,123 | 1/6/06 | E. Leeser | | 23347 | - | 1624 | 8847 |
| Invention: CHEMICAL COMPOUNDS | | | | | | | |
| | | | | | | | |
| COMMISSIONED FOR DATENTS. | | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | |
| | CLAIMS REMAINING | HIGHEST# | NUMBI | NUMBER EXTRA | | RATE | ADDITIONAL |
| | AFTER AMENDMENT | PREV. PAID FOR | CLAIMS | PRESENT | - | | FEE |
| TOTAL CLAIMS | 26 - | 37 = | | 0 | X | \$50.00 | \$0.00 |
| INDEP. CLAIMS | 1 - | 3 = | <u></u> | 0 | Х | \$210.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) | | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 | | | | | | | |
| No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392 Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Ohn L. Lemanowicz, Reg. No. 37,380 Attorney for Applicants GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-8247 Facsimile: (919) 483-7988 | | | | | | | |
| CC: Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence | | | | | | | |